26/Regarder

## REQUEST FOR CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).

| Application Number   | 09/147,367    |
|----------------------|---------------|
| Filing Date*         | Dec. 9, 1998  |
| First Named Inventor | Ulf Schroder  |
| Group Art Unit       | 1615          |
| Examiner Name        | G. S. Kishore |
| Attorney Docket No.  | SCHR3004/JDB  |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. NOTE: \* Filling date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

|                                       | 1. Please consider the following as the required submission under 37 C.F.R. §1.114: |  |   |           |                    |   |             |                               |                   |   |                    |  |
|---------------------------------------|---|--|---|-----------|--------------------|---|-------------|-------------------------------|-------------------|---|--------------------|--|
| l                                     | 2   | a. The Amendment filed herewith                                |   |           |                    |   |             |                               |                   |   |                    |  |
|                                       |   | b. The Information Disclosure Statement (IDS) filed on (date): |   |           |                    |   |             |                               |                   |   |                    |  |
|                                       | 0   | c. The arguments in the Brief/Reply Brief filed on (date):     |   |           |                    |   |             |                               |                   |   |                    |  |
|                                       |   | d. The   | page(s) of Form PTO-1449 and copy of each listed document filed (date): |           |                    |   |             |                               |                   |   |                    |  |
|                                       |   | e. Oth   |   |           |                    |   |             |                               |                   |   |                    |  |
| 0                                     | 2.  | Α  | A month Petition for Extension of Time is filed herewith.               |           |                    |   |             |                               |                   |   |                    |  |
| 8                                     | 3.  |  |   |           |                    |   |             |                               |                   |   |                    |  |
| B                                     | 4.  |  |   |           |                    |   |             |                               |                   |   |                    |  |
| 0                                     | 5.  |  |   |           |                    |   |             |                               |                   |   |                    |  |
| 0                                     | □ 6. Other:   |  |   |           |                    |   |             |                               |                   |   |                    |  |
|                                       |   |  |   |           |                    |   |             |                               |                   |   |                    |  |
| THE RCE FEE IS CALCULATED AS FOLLOWS: |   |  |   |           |                    |   |             |                               |                   |   |                    |  |
| -                                     |   |  | THE R   | CE F      | EE IS              | CALCULATED AS F   | OLLOWS:     |                               |                   | Basic Fee:  | \$770.00           |  |
|                                       | Т   | otal Claims:   | THE R   | CE F      | EE IS              | CALCULATED AS FO  |             | aid for) =                    | 0.00              | Basic Fee:<br>X \$18 =  | \$770.00           |  |
| Ind                                   |   |  | Т -   | CE F      | $\overline{}$      | T   | reviously p | <del></del>                   | 0.00              |   | \$770.00           |  |
| <del> </del>                          | épend   | otal Claims:   | 50<br>2   | -         | 54<br>3            | (highest number pa  | reviously p | aid for) ≂                    | 0.00              | X \$18 =  | \$770.00           |  |
| <del> </del>                          | épend   | 'otal Claims:<br>Jent Claims:                                  | 50<br>2   | -         | 3<br>2336          | (highest number pa<br>(highest number pa                              | reviously p | aid for) ≂                    | 0.00              | X \$18 =<br>X \$86 =  | \$770.00<br>770.00 |  |
| <del> </del>                          | épend   | 'otal Claims:<br>Jent Claims:                                  | 50<br>2   | -         | 3<br>2336          | (highest number pa  | reviously p | aid for)≂<br>Mulliphe D       | 0.00              | X \$18 =<br>X \$86 =<br>Paim (add \$290.00);                                      |                    |  |
| Con                                   | épend   | 'otal Claims:<br>Jent Claims:                                  | 50<br>2<br>ress:  | -<br>usto | 3<br>2336          | (highest number pa<br>(highest number pa                              | reviously p | aid for)≂<br>Mulliphe D       | 0.00              | X \$18 =<br>X \$86 =<br>Paim (add \$290.00):<br>Sublotal:                         |                    |  |
| Con                                   | épend   | 'otal Claims:<br>dent Claims:<br>ndence Addi                   | 50<br>2<br>ress:  | -<br>usto | 3<br>2336          | (highest number pa<br>(highest number pa<br>4<br>Vumber               | reviously p | aid for) =  Aulipe D          | 0.00              | X \$18 =  X \$86 =  Claim (add \$290.00):  Sublotal:  Small Entry Status:  Total: | 770.00             |  |
| Cor                                   | épend<br>respoi   | otal Claims:<br>dent Claims:<br>ndence Addi                    | 50<br>2<br>*****:<br>C1   | -<br>usto | 3<br>2336<br>mer N | (highest number pa<br>(highest number pa<br>4<br>Vumber<br>Fax: 703-6 | reviously p | aid for) =  Aultiple D  60% F | 0.00 expendent Co | X \$18 =  X \$86 =  Claim (add \$290.00):  Sublotal:  Small Entry Status:  Total: | 770.00<br>\$770.00 |  |